UNIVERSALITY, INTEGRALITY AND EQUITY IN CARE FOR THE DEAF PATIENTS’ PAIN PRIMARY CARE: A SYSTEMATIC REVIEW

ABSTRACT: This article aims to systematically identify scientific production regarding basic health care for deaf people. Through a systematic literature review, the authors explore the universality, integrality, and equity in the care provided to deaf patients with pain in primary care settings.
review, the search for published works using the SCIELO BR, BVS and PUBMED platforms as a database was carried out by two researchers, directing the selection and exclusion process, respectively, of data for analysis. In this sense, from a scope of careful and objective choices, original articles were sought, published in Portuguese, English and Spanish, and which addressed the perspective of care for deaf people in primary care. Dissertations, book chapters, case studies and editorials were excluded. From this, 508 articles were found, 396 were excluded by the filters applied, 03 were repeated, 75 were excluded by the title and 89 by reading the abstract. 04 were read in full and evaluated. Therefore, 04 articles were chosen for this review. The reality is that the care and experience experienced by deaf people in primary care require reformulations that occur quickly and effectively, both in communication, accessibility, care and research, and in the applicability of the right to health guaranteed by law.

KEYWORDS: Deafness, Public Health, Accessibility.

RESUMO: Este artigo objetiva identificar de forma sistemática a produção científica a respeito do atendimento básico à saúde de pessoas surdas. Através da revisão sistemática da literatura a busca por trabalhos publicados tendo como base de dados as plataformas SCIELO BR, BVS e PUBMED foi realizada por dois pesquisadores, direcionando o processo de seleção e exclusão, respectivamente dos dados para análise. Nesse sentido, a partir de um escopo de escolhas criteriosas e objetivas buscou-se artigos originais, publicados nos idiomas português, inglês e espanhol, e que abordavam a perspectiva do atendimento ao surdo na atenção básica. As dissertações, os capítulos de livros, os estudos de caso e os editoriais foram excluídos. A partir disso, encontrou-se 508 artigos, 396 foram excluídos pelos filtros aplicados, 03 estavam repetidos, 75 foram excluídos pelo título e 89 pela leitura do resumo. 04 foram lidos na íntegra e avaliados. Desse modo, 04 artigos foram escolhidos para esta revisão. Aponta-se para a realidade o atendimento e a experiência vivenciada pelos surdos na atenção básica necessitam de reformulações que ocorram de maneira célebre e efetiva, tanto na comunicação, acessibilidade, atendimento e pesquisa, como na aplicabilidade do direito à saúde garantido por lei.

PALAVRAS-CHAVE: Surdez, Saúde Pública, Acessibilidade.

RESUMEN: Este artículo tiene como objetivo identificar sistemáticamente la producción científica relativa a la atención básica de salud de las personas sordas. A través de una revisión sistemática de la literatura, la búsqueda de trabajos publicados utilizando como base de datos las plataformas SCIELO BR, BVS y PUBMED fue realizada por dos investigadores, dirigiendo el proceso de selección y exclusión, respectivamente, de los datos para el
análisis. En este sentido, a partir de una selección cuidadosa y objetiva, se buscaron artículos originales, publicados en portugués, inglés y español, que abordaran la perspectiva de la atención a las personas sordas en la atención primaria. Se excluyeron disertaciones, capítulos de libros, estudios de casos y editoriales. De ellos, se encontraron 508 artículos, 396 fueron excluidos por los filtros aplicados, 03 fueron repetidos, 75 fueron excluidos por el título y 89 por la lectura del resumen. 04 fueron leídos íntegramente y evaluados. Por lo tanto, fueron elegidos 04 artículos para esta revisión. La realidad es que la atención y la experiencia vivida por las personas sordas en la atención primaria requieren reformulaciones que se den de manera rápida y efectiva, tanto en la comunicación, accesibilidad, atención e investigación, como en la aplicabilidad del derecho a la salud garantizado por la ley.

PALABRAS CLAVE: Sordera, Salud Pública, Accesibilidad.

1. Introduction

The Unified Health System (SUS) was implemented based on law 8,080/1990 and guaranteed the universal right to health (BRASIL, 1990), translating health as a right to citizenship for all people and making the State responsible for ensuring this right to any and all citizens, regardless of sex, race, occupation or other social or personal characteristics, and here we point out, regarding physical and/or sensory conditions.

Despite the four decades of its existence as a public health care policy, the SUS still faces various criticisms and considerations from its users for not yet fully considering the policies proposed in its structure, sometimes being characterized as a deficit in the social fabric of health. Thus, the importance of qualifying the scope of the health sector to facilitate the first contact with deaf patients is highlighted, welcoming such users equally, filling the technical gap in the communicative process through training, with proficiency in the Brazilian language of Signs (Libras), for the professionals involved,
and not just with technological resources that only mitigate the problem, completely failing to fulfill their function in the doctor-patient relationship. Ensuring full citizenship function and avoiding communication barriers is important, given, in Brazil, LAW No. 10,436 of 2002, which recognizes Libras as a fundamental instrument of communication for deaf people and is officially recognized as the second official language (BRASIL, 2002).

The reception of every SUS user goes through a chain of guidelines that, in theory, provides an ideal structure for dignified assistance focused on collective and, above all, individual spectrums. For this reason, guidelines and principles are established that guide the conduct of health professionals within the scope of primary care. In this sense, it is legitimate to reference the concepts of universality, completeness and equity that seek to orchestrate health care for the Brazilian population in a dignified manner. Thus, universality concerns access to health services at all levels of care, as comprehensiveness guarantees assistance permeated by a sum of actions and services that, in an articulated manner, promote individual and collective care. Alongside this, equity is an extremely important concept and presents a holistic vision that respects the individuality of the subject (BRASIL, 1990). This is evidenced in decree no. 5,626/2005, which deals with SUS care being mediated by professionals with proficiency in Libras and/or interpreters who carry out full translation. Given the entire complex that integrates the health strategies developed, it is the fallibility of applied practices was observed, in addition to the existence of partially modernized health institutions, with reduced adaptations and, therefore, not inclusive.

Consequently, the result of this problem is observed in the distancing of the deaf community from health services. This derives mainly from the perception of a lack of reception by the health sectors and the inevitable feeling of incomprehension of the signs and symptoms described to health professionals by deaf people, interfering not only in the health-disease
process, but also in the doctor-patient relationship. – key mechanisms for establishing quality of life.

Thus, stating that health services must serve the entire population, respecting their uniqueness and ensuring basic health conditions for individuals, in addition to the deaf community. This present work aims to question and evaluate the nature of reality with regard to the perspective of providing care for deaf people in primary care, using a systematic literature review, contributing to increasing reliability and reducing the occurrence of biases. The objective of this research is to systematically identify scientific production regarding basic health care for deaf people.

2. Material and Methods

To carry out this review, the bibliographical investigation was directed based on the problem: “What are the main obstacles in the care of deaf people by health professionals in primary care?”. The articles identified by the initial search strategy were evaluated by two authors, separately, according to the following inclusion criteria: (P) Population (Health professionals and patients from the deaf community), (I) Intervention (Health education), (C) Comparator (does not exist), (O) Outcome/outcome (Recognize the main obstacles in providing care to the deaf community in primary care), essentially used in Evidence-Based Practice (EBP) and recommended for systematic reviews. Namely, systematic reviews are orchestrated in objective, clear and cohesive questions, enhancing the method and systematizing the entire process. Therefore, its main objective is to identify, select and critically evaluate renowned research. Therefore, it was decided to use the PRISMA recommendation, a checklist with 27 items and 1 flowchart with the aim of increasing methodological credibility.

Based on the assumption of adopting and maintaining the methodological rigor suggested by the process, the studies evaluated
presented heterogeneous perspectives on the main obstacles to primary care regarding the care of deaf people. Furthermore, the use of statistical tools is not applicable, because clinical trials are not used. However, after collecting the data and theoretical analysis, it was fully possible to establish a theoretical framework and reflect on the problems faced in the care of deaf people by health professionals in primary care.

The databases used were SCIELO BR, PUBMED and VHL from January 2022 to February 2022 using descriptors (MeSH). The exchange of descriptors was carried out in English, Portuguese and Spanish following this protocol: Deafness (MeSH) AND Public Health (MeSH) AND Accessibility (MeSH). Recommended by the method, the inclusion criteria were aligned based on articles that discuss the perspectives of caring for deaf people in primary care. Only articles published in Portuguese, Spanish and English were selected. Book chapters, literature review articles, case studies, editorials and dissertations were excluded. Articles that were found as duplicates in the databases were only excluded after full reading, enhancing the methodological quality of the systematic review and ensuring that there were no inconsistencies.

The chosen articles passed extensive methodological criteria, for which a parameter was synthesized through a catalog of items. In this catalog, the main results, author, location, year, sample universe, level of basic care, degree of deafness and objective of the study were highlighted. The selected articles participated in a careful screening through the use of descriptors and the verification was completed through 4 phases:

<table>
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<tr>
<th>Phase</th>
<th>Description</th>
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<tr>
<td>α phase:</td>
<td>Full reading of the titles of the studies found and exclusion of those that did not go through the inclusion process for this article.</td>
</tr>
<tr>
<td>β phase:</td>
<td>Full reading of the abstracts of the studies selected in phase β and exclusion of those that differed and did not meet the inclusion criteria of this article.</td>
</tr>
<tr>
<td>γ phase:</td>
<td>Full reading of the studies qualified in the previous phases and eligibility of those that align with the inclusion criteria of this study, through the inclusion code proposed in this article.</td>
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Thus, understanding the procedural mechanisms of this research led us to establish interpretative relationships of the data based on categories of analysis that are important for understanding the objective and the questioning outlined in the face of the obstacles faced by the deaf population in basic health care in the Brazilian system.

3. Results

The study consisted of 04 articles included after evaluating filters, title and summary, which make up the inclusion and exclusion criteria for the review. Initially, 508 articles were identified in the selected databases, using descriptors and keywords, with 03 articles found in the SciELO database, 453 articles in the PubMed database and 52 articles in the VHL (Virtual Health Library) database. The inclusion criteria were then applied through filters, which were: the period of the last 5 years (2017-2022) – in the search for updated references that discuss a more objective reality of the facts – the languages Portuguese, Spanish and English, and the availability of the full and free text. With the filters, 112 articles were obtained, excluding 396 texts that did not meet the proposed inclusion criteria.

Afterwards, the titles were read as an exclusion criterion, eliminating articles not directly related to the deaf community, subtracting 75 works and including 37. Furthermore, the abstracts were read as an inclusion criterion, using studies aimed at the deaf community. primary care in Brazil, eliminating 89 and including 04 articles. The 04 texts were read in full, all included to carry out the systematic literature review.
Among the articles selected and included in the preparation of this systematic literature review, a table was organized (Table 1) dividing them into subtopics (a, b, c and d).

According to Correia and Ferreira (2022) (article a), Accessibility, offered through appropriate signage, waiting rooms visually adapted to the deaf population, and Welcoming, applied through the provision of teams trained in Libras, provision of interpreters and the construction of a more intimate and individual professional-patient relationship, are identified as inclusive measures of great relevance and necessary in the current reality of basic health units.

Rezende et al. (2021) (article b), define some categories that report the reality of deaf people in the search for health services, and the desire for improvements according to the community in question. Among these are the needs faced, such as the lack of visual accessibility, communication barriers, due to the lack of professionals trained in Sign Language, and the achievement of rights through laws and decrees, such as decree no. 5.626/2005 (BRAZIL, 2005).
Furthermore, the availability of services and units adapted to any and all audiences may be related to regions, geographic dimensions and development of municipalities. Thus, larger and better developed locations can offer better accessibility conditions and health services aimed at deaf patients. (PINTO A et al.; 2021) (article c). Thus pointing to the inextricability between health, access and public financing, as greater investments in health promote expansion in the network of access to public health services, especially for marginalized and often forgotten populations.
For Condessa et al. (2020), – article d – the existence of barriers of health communication related to the deaf population have obstacles also related to both demographic and socioeconomic conditions, evidenced by Brazilian regional disparities, as well as associated the provision of health services, directly linked to accessibility, information and communication. In this way, there is the need to enhance the communication facilitating strategies already applied, as well as the development of facilitators that correspond to the basic needs of the deaf population in their singularities and that have simplified applicability, mainly in basic care, which constitutes the gateway to the SUS.

Finally, the results reveal problems in relation to the lack of accessibility in public health units, the hitherto inefficient communication between professionals and deaf patients, the lack of linguistic training and adequate reception and regional inequalities that affect the availability of resources and application. of necessary improvements. Finally, there is also a gap related to the lack of research and publications related to the topic, also demonstrating the need to encourage research and education focused on the topic of Deafness and Health.

Table 2: Description of included articles.

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<thead>
<tr>
<th>TITLE</th>
<th>AUTHORS</th>
<th>YEAR</th>
<th>GOALS</th>
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<tbody>
<tr>
<td>A. Health care of deaf persons during coronavirus pandemics.</td>
<td>Correia LPF, Ferreira MA.</td>
<td>2022</td>
<td>Discuss the obstacles experienced by the deaf population during the COVID-19 pandemic, proposals to overcome communication barriers in health care and the role of public policies in implementing the social inclusion of deaf people.</td>
</tr>
<tr>
<td>B. The deaf patient’s perspective on health care.</td>
<td>Rezende RF, et al.</td>
<td>2021</td>
<td>To understand the perspective of deaf people regarding the necessary improvements in health care for this population.</td>
</tr>
<tr>
<td>C. A National Accessibility Audit of Primary Health Care</td>
<td>Pinto A, et al.</td>
<td>2021</td>
<td>Reports the results of the first national assessment of the accessibility of basic health units, carried out in Brazil.</td>
</tr>
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</table>
Facilities in Brazil - Are People with Disabilities Being Denied Their Right to Health?

D. Barriers and facilitators to communication in the care of people with sensory disabilities in primary health care: multilevel study. Condessa AM, et al. 2020 To analyze the prevalence and factors associated with the presence of communication facilitators in basic health units in Brazil.

Source: Systematic search data, 2021

4. Discussion

The articles were selected from 3 categories: Deafness, Public health and Accessibility. A priori, the 1st category was intended for articles that argue and discuss the obstacles experienced by the deaf population in Brazilian health units, analyzing different points of view, both from the professional's point of view when caring for deaf patients, and from the perspective of the deaf patient. in relation to the reality faced in the search for health services aimed at this community. Also highlighting the appropriate and necessary improvements to the service in a more complete and continuous manner.

From this, the 2nd category was listed, which deals with public health, and articles were chosen that debate the analysis of demographic, geographic and socioeconomic influences on the promotion, prevention, treatment and maintenance of Brazilian public health, especially in primary care. , offered in family health units.

The linking and dependence on federal and state financial resources, to generate improvements in both the provision of services and the infrastructure of the units, can lead to inequality that affects the availability of obligations related to the health of deaf people, causing harm to the
guarantee of rights and affecting the basic principles of the Brazilian health system, such as equity, comprehensiveness and universality.

In the 3rd category, articles were selected that highlight communication barriers as important aggravating factors for the application of more effective accessibility to the deaf population in health units as well as in the provision of basic and specific services. The analysis and evaluation of the consequences of the absence of facilitators highlights major difficulties in accessing, offering and applying essential services, guaranteed by law to the deaf population.

In this way, changes in the concepts of health and illness were accompanied by the need to modernize the structures responsible for providing comprehensive care to the population. In this regard, the synthesis of a social fabric based on universality, integrality and equity promotes the need for participation of institutions, sectors and social spheres that fully perform their functions and responsibilities through effective management instruments across all spectrums.

When analyzing the panorama of care for deaf people in primary care, state inefficiency is observed, marked by the lack of professionals qualified to serve and welcome this segment of the population in an equitable manner, which generates communication barriers and reveals the abyss in relations between the State and society.

From this perspective, according to sociologist Zygmunt Bauman (2001), there is, in postmodernity, institutions that maintain their forms and, however, no longer exercise their functions, that is, they are “living dead”. This deliberation elucidates, namely, the lethargic action of the State, enhancing state inefficiency, through health devices that do not fulfill their role effectively in a way that characterizes itself as a “Zombie”. Based on this approach, it is possible to confirm that the legal aspects of the deaf community are not respected within the scope of primary care. In that regard, the importance of decree no. 5,626 of December 22, 2005, which
underpins law no. 10,436/02 – the Brazilian Sign Language Law (Libras) – for the health sector. In its chapter VII, the decree provides for the promotion of the right to health, especially aimed at people with hearing impairment or deafness (BRASIL, 2002). Thus, this prescription of article 25 establishes:

Art. 25. From one year after the publication of this Decree, the Unified Health System - SUS and companies that hold concessions or permission for public health care services, with a view to full inclusion of deaf or hearing-impaired people in all spheres of social life, must guarantee, as a priority, to students enrolled in basic education teaching networks, comprehensive health care, at different levels of complexity and medical specialties, implementing:

II - clinical treatment and specialized care, respecting the specificities of each case;
VIII - guidance to the family on the implications of deafness and on the importance for children with hearing loss to have, from birth, access to Libras and the Portuguese language;
IX - assistance to deaf or hearing-impaired people in the SUS service network and companies that hold concessions or permission for public health care services, by professionals trained in the use of Libras or for its translation and interpretation; It is
X - support for the training and training of professionals from the SUS service network to use Libras and its translation and interpretation.

This is because the right to health is an inalienable aspect (BRASIL. Constitution. 1988). However, in practice, rights are curtailed. Thus, the complexity of the problem addressed is noted, as institutions still persist in reducing or presenting partially effective projects and a structure incapable of providing comprehensive, equitable and universal care to deaf patients, identifying the lack of concrete application of Brazilian legislation on this tissue social and demonstrating the need for greater commitment in the search for quick and fairer changes. Added to this factor is the inexpressive welcome that permeates from reception to medical care, this is because the communication barriers between the deaf patient and untrained health professionals make it difficult to take anamnesis, diagnosis, and adherence to treatment in a adequate medical-patient relationship and medical confidentiality - essential tools for comprehensive and complete care.
In this sense, the reality of deaf patients is marked by abandonment and inefficiency in health care, given that all rights adopted by the legal system are not applied in practice. Thus, in order to understand and evaluate episodes of neglect against patients deaf, Abreu et al. (2015) conclude that the lack of a specialized structure to care for deaf patients synthesizes an environment in which contempt and fear predominates due to the lack of preparation of health professionals, increasing abandonment.

Furthermore, despite the introduction of a component in this equation with the aim of facilitating communication, the presence of the interpreter is not always seen as a positive issue, since the doctor-patient relationship is interpreted by another person and not the victimized subject by signs and symptoms in a conception of health and illness, as well as doctor-patient confidentiality.

In parallel, Brazil’s socioeconomic inequalities, especially regional ones, contribute significantly to the demographic sum not assisted by the State, and harms the struggle and the search for the implementation of important reforms that range from providing services to deaf or hard of hearing people in the SUS service network and companies that hold concessions or permission for public health care services, by professionals trained to provide use of Libras or for its translation and interpretation. This because data from the Brazilian Institute of Geography and Statistics (IBGE, 2010) reveal that approximately 10 million people have hearing impairment in Brazil. Of these, almost 2.3 million people have severe hearing loss, when there is a loss of between 70 and 90 decibels (dB) in hearing capacity. Around one million are young people up to 19 years old and around 169 thousand of the total live in Bahia.

After collecting data in the main databases, the discrepancy found was the reduced amount of scientific production with the theme that lists obstacles in the care of deaf people by health professionals in primary care.
In this sense, sizing the intellectual capital of 508 articles identified with descriptors that touch on the topic to only 4 articles that fully address the proposed debate were selected, it is characterized not only as an important finding, but also as a factor limiting the investigation. Furthermore, it perpetuates the unviability of this population and its needs due to the lack of discussion on the topic both in the scientific community and in civil society.

It is inferred, therefore, that the debate on the prospects for caring for deaf people in primary care is a guarantee of scientific progress, due to the consequences of the proposed questions. If, on the one hand, in the field of education, the need to prepare new professionals with technical capacity in Libras is revealed, on the same hand, in the health area, there is an imminent demand for proposals with the aim of fully serving deaf patients.

5. Final Considerations

With the research results, it can be concluded that the deaf community, in addition to the prejudices and social dilemmas faced historically, also suffers from indifference in the area of health. The lack of studies focused on the topic of deaf people and sign language in the field of basic health reflects the lack of interest on the part of the academic community in developing discussions and reflections on this topic. Therefore, this study proposed a discussion about persistent impasses that have hampered the provision of health care to the deaf community.

Such obstacles cause inaccuracies in professional actions, in addition to personal constraints that fatally curtail rights acquired over decades. Bearing in mind, the perpetuation of such problems, both infrastructure and service, generate consequences for the public health of the country as a whole.
Finally, it appears that the persistence of gaps in care for the deaf, especially in Brazilian primary care, requires developments in specific areas, such as: a) accessibility, through adaptation of the physical structure of the units; b) communication, through the search for knowledge in Libras and a more empathetic look at the reality of the deaf; and c) a greater number of studies and publications on the topic, offering greater visibility to the obstacles faced by this community, which until then was still neglected, generating debates and the search for improvements.
References


